

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

LIBERTARIAN NATIONAL COMMITTEE

ADDRESS (number and street)

2600 Virginia Ave NW

Suite 200

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20037

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00255695

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☒

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2010

through

01

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Aaron Starr

Signature of Treasurer

Electronically Filed by Aaron Starr

Date

02

20

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

A. Form/Schedule : **F3XN**

Transaction ID :

The Committee wishes to disclose the following: 1) No expenditures designated on Schedule B supporting Line 21b were made on behalf of any specifically identified federal candidate(s). 2) The Libertarian National Committee (LNC) requests address, employer, and occupation information from all contributors whose yearly aggregate contributions exceed \$200.00 and informs them of the requirement of complying with 11 CFR 104.7(b)(1). In the event that the information is not supplied as a result of the initial request, Committee makes a subsequent attempt to collect the information by mail, email, or telephone contact within 30 days of the initial contribution. This 'follow up' request a) clearly asks for the missing information without requesting a contribution, b) informs the contributor of the requirements for reporting such information under federal law, and c) is enclosed with a pre-addressed envelope when sent by postal mail. If the information is submitted after the initial monthly report is filed, the contributor master file is updated and the information is updated in memo entries filed with the next regularly scheduled report. The Committee also makes periodic requests during the year for all contributors to update their contact information and for contributors whose yearly contributions aggregate to more than \$200 to update their Employer/Occupation information.

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 83

Write or Type Committee Name  
LIBERTARIAN NATIONAL COMMITTEE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	54509.16
(b) Cash on Hand at Beginning of Reporting Period .....	54509.16	
(c) Total Receipts (from Line 19) .....	114384.10	114384.10
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	168893.26	168893.26
7. Total Disbursements (from Line 31) .....	63989.54	63989.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	104903.72	104903.72
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

4 / 83

Write or Type Committee Name

LIBERTARIAN NATIONAL COMMITTEE

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	25702.00	25702.00
(ii) Unitemized .....	88001.56	88001.56
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	113703.56	113703.56
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	113703.56	113703.56
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	680.54	680.54
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	114384.10	114384.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	114384.10	114384.10

## DETAILED SUMMARY PAGE

of Disbursements

5 / 83

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	63989.54	63989.54	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	63989.54	63989.54	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	63989.54	63989.54	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	63989.54	63989.54	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 83

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	113703.56	113703.56
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	113703.56	113703.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	63989.54	63989.54
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	680.54	680.54
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	63309.00	63309.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

John D. Anderson

Mailing Address 6904 Joseph Dr

City

Enon

State

OH

Zip Code

45323-1448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DRC

Occupation

Program Manager/Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.94044

Amount of Each Receipt this Period

1500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mett B. Ausley

Mailing Address 3412 Waccamaw Shores Rd

City

Lake Waccamaw

State

NC

Zip Code

28450-9442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cypress Pathology

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.94087

Amount of Each Receipt this Period

300.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

William Bamler

Mailing Address 2381 Port Williams Dr

City

Stow

State

OH

Zip Code

44224-1981

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.94158

Amount of Each Receipt this Period

10.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1810.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

William Bamler

Mailing Address 2381 Port Williams Dr

City

Stow

State

OH

Zip Code

44224-1981

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.94159

Amount of Each Receipt this Period

15.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

W. Mark Bielawski

Mailing Address PO Box 11372

City

Pleasanton

State

CA

Zip Code

94588-1372

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hexcel Corporation

Occupation

Patent Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.94275

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Frank Bond

Mailing Address Terminus Corp  
9690 Deereco Rd Ste 820

City

Lutherville Timoni

State

MD

Zip Code

21093-6930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.94338

Amount of Each Receipt this Period

1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1265.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 83

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

David Botchlett

Mailing Address 5535 Fieldwood Dr

City

Houston

State

TX

Zip Code

77056-2719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Energy trader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	1	0

Transaction ID: SA11AI.94359

Amount of Each Receipt this Period

349.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Robert Butler

Mailing Address 1905 Stonehenge Cv

City

Cedar Park

State

TX

Zip Code

78613-6821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Columbus Language Center

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	1	0

Transaction ID: SA11AI.94522

Amount of Each Receipt this Period

349.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Michael C. Colley

Mailing Address 444 Magnolia Dr

City

Gulf Shores

State

AL

Zip Code

36542-4408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired (U.S. Navy)

Occupation

Vice Admiral, Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

549.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	1	0

Transaction ID: SA11AI.94714

Amount of Each Receipt this Period

349.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

1047.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Kelvin Contreary

Mailing Address 1 Wren St

City

New Orleans

State

LA

Zip Code

70124-4121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.94743

Amount of Each Receipt this Period

500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Ronald Corry

Mailing Address 1205 Plaza Del Toro

City

Sierra Vista

State

AZ

Zip Code

85635-4400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.94773

Amount of Each Receipt this Period

300.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Jeremy S. Davis

Mailing Address 7539 Brompton St

City

Houston

State

TX

Zip Code

77025-2267

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.94851

Amount of Each Receipt this Period

1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

John M. Deagan

Mailing Address 4450 Belden Village St NW Ste 806

City

State

Zip Code

Canton

OH

44718-2533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.94863

Amount of Each Receipt this Period

349.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mike E. Dooley

Mailing Address 8240 Exchange Dr Ste C4

City

State

Zip Code

Orlando

FL

32809-9168

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.94957

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Charles Robert Earl

Mailing Address 10232 Middleton Pike

City

State

Zip Code

Bowling Green

OH

43402-9644

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Writer, Consultant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.95026

Amount of Each Receipt this Period

349.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

948.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Stewart Flood

Mailing Address 1840 Carriage Ln Apt 158E

City

Charleston

State

SC

Zip Code

29407-6052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IVO.net

Occupation

Computer Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.06

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.95173

Amount of Each Receipt this Period

349.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Eric Foster

Mailing Address 8009 N Mattox Ave

City

Kansas City

State

MO

Zip Code

64151-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MSI Systems Integrators

Occupation

Senior Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.95193

Amount of Each Receipt this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Michael A. Gariepy

Mailing Address 8549 E Tanque Verde Rd

City

Tucson

State

AZ

Zip Code

85749-8917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Plan3D, Inc

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.95269

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1599.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Michael A. Gariepy

Mailing Address 8549 E Tanque Verde Rd

City

Tucson

State

AZ

Zip Code

85749-8917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Plan3D, Inc

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.95268

Amount of Each Receipt this Period

100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Roger V. Gary

Mailing Address 1119 W Ashby Pl

City

San Antonio

State

TX

Zip Code

78201-5737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.95288

Amount of Each Receipt this Period

274.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Frederick J. Graboske

Mailing Address 101 N Van Buren St

City

Rockville

State

MD

Zip Code

20850-1860

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Millican & Assoc

Occupation  
Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.95382

Amount of Each Receipt this Period

500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

874.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

James T. Ham

Mailing Address 614 Sligo Ave Apt 111

City

Silver Spring

State

MD

Zip Code

20910-4715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Federal Communications Co-  
mmission

Occupation  
IT Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.95496

Amount of Each Receipt this Period

435.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Robert Hirsch

Mailing Address 505 N Lake Shore Dr Apt 5910

City

Chicago

State

IL

Zip Code

60611-3411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.95642

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Carlons Jones

Mailing Address 3974 Highway 19 E

City

Elizabethton

State

TN

Zip Code

37643-5320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Methodist Church

Occupation  
Minister

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-25.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.98347

Amount of Each Receipt this Period

-25.00

NSF Check

**SUBTOTAL** of Receipts This Page (optional) .....

660.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Daniel M. Karlan

Mailing Address 97 Manhattan Ave

City

Waldwick

State

NJ

Zip Code

07463-2228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self employed

Occupation  
Author

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.95919

Amount of Each Receipt this Period

349.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Daryl A. Kearns

Mailing Address 9251 Cumberland Rd SW

City

Bowerston

State

OH

Zip Code

44695-9640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.95940

Amount of Each Receipt this Period

2000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Keith A. Kenny

Mailing Address 6550 Gildar St

City

Alexandria

State

VA

Zip Code

22310-2519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Intelligence Agen-  
cy

Occupation  
Intelligence Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.95974

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

2599.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Weldon R. Kuhn

Mailing Address W887 Putz Rd

City

Fountain City

State

WI

Zip Code

54629-7628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.96105

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

James Robert Latham

Mailing Address 845 South Main Street, Suite C8

City

Bountiful

State

UT

Zip Code

84010-6381

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Independent Institute

Occupation

Public Affairs Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.96169

Amount of Each Receipt this Period

349.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Jack Leonard

Mailing Address 221 Spring Ave

City

Lutherville

State

MD

Zip Code

21093-5347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Patriotic

Occupation

Fireworks Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.96215

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

849.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Scott Lieberman

Mailing Address 15466 Los Gatos Blvd Ste 109-280

City

Los Gatos

State

CA

Zip Code

95032-2542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Information Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.96245

Amount of Each Receipt this Period

349.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Joe Liemandt

Mailing Address 801 W 5th St Apt 2901

City

Austin

State

TX

Zip Code

78703-5464

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Trilogy

Occupation

Software

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.96248

Amount of Each Receipt this Period

2500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Alice Lillie

Mailing Address 5100 Obannon Dr Apt 146

City

Las Vegas

State

NV

Zip Code

89146-3442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.96251

Amount of Each Receipt this Period

349.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

3198.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 83

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Michael Munger

Mailing Address 10020 Bushveld Ln

City

Raleigh

State

NC

Zip Code

27613-6144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Duke University

Occupation

Chairman, Political Scienc

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

274.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	1	0

Transaction ID: SA11AI.96652

Amount of Each Receipt this Period

274.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Janis Parker

Mailing Address W352N6681 Road J

City

Oconomowoc

State

WI

Zip Code

53066-1876

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

349.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	0

Transaction ID: SA11AI.96834

Amount of Each Receipt this Period

349.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Nicholas A. Patterson

Mailing Address 2115 Austrian Way

City

Colorado Springs

State

CO

Zip Code

80919-3424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Agilent Technologies, Inc.

Occupation

Software Engineer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	8	/	2	0	1	0

Transaction ID: SA11AI.96847

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

873.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LIBERTARIAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 George Phillies

Mailing Address 48 Hancock Hill Dr

City State Zip Code  
**Worcester MA 01609-1544**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 WPI

Occupation  
 Physicist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.96903

Amount of Each Receipt this Period

500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
 Pamela P. Potter

Mailing Address 538 Spring Place Rd NE

City State Zip Code  
**White GA 30184-2232**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.96951

Amount of Each Receipt this Period

500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
 William B. Redpath

Mailing Address 827 Anthony Ct SE

City State Zip Code  
**Leesburg VA 20175-5629**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 BIA Financial Network, In-  
 c.

Occupation  
 Financial Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.34

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.97025

Amount of Each Receipt this Period

349.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1349.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 83

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Gil Robinson

Mailing Address 5150 Broadway St # 610

City

San Antonio

State

TX

Zip Code

78209-5710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRINCETON MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.97123

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Kent Rollins

Mailing Address 3091 Rhodenhaven Dr NW

City

Atlanta

State

GA

Zip Code

30327-1225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.97144

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Susan Michelle Mosher Ruiz

Mailing Address 115 Dunster Rd

City

Jamaica Plain

State

MA

Zip Code

02130-2733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Boston University

Occupation

Graduate Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.97183

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

John A. Salvette

Mailing Address 2016 Devonshire Rd

City

Ann Arbor

State

MI

Zip Code

48104-4058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hayes Lemmerz Internatio-  
nal

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.97222

Amount of Each Receipt this Period

349.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Brian Sasso

Mailing Address 22526 Nature Creek Cir

City

Frankfort

State

IL

Zip Code

60423-9213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Digestive Diseases Consul-  
tants

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.97236

Amount of Each Receipt this Period

349.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

John R. Seydel

Mailing Address 1027 Peachtree Battle Ave NW

City

Atlanta

State

GA

Zip Code

30327-1317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.97361

Amount of Each Receipt this Period

500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1198.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 83

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Steve Shlansky

Mailing Address 1410 Waterford Green Way

City

Marietta

State

GA

Zip Code

30068-2911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Go! Productions Inc.Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	9	/	2	0	1	0

Transaction ID: SA11AI.97396

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

John Sinde

Mailing Address PO Box 217

City

Fairfield

State

CA

Zip Code

94533-0021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pandamerica Imports, Inc.Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	5	/	2	0	1	0

Transaction ID: SA11AI.97433

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Robert Sullentrop

Mailing Address 140 Hunters Rdg

City

Saint Charles

State

MO

Zip Code

63301-0427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FrontRangeSystemsOccupation  
Computer Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	0

Transaction ID: SA11AI.97645

Amount of Each Receipt this Period

349.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

849.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Harry W. Thompson

Mailing Address 602 W 12th Ave

City

Emporia

State

KS

Zip Code

66801-5536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.97725

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Douglas Arthur Tuma

Mailing Address 4805 Winter Oak Way

City

Antelope

State

CA

Zip Code

95843-5820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.97817

Amount of Each Receipt this Period

349.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Drury Vinton

Mailing Address 69 Brightlook Dr

City

Saint Johnsbury

State

VT

Zip Code

05819-2829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.97886

Amount of Each Receipt this Period

500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1099.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Michael Walton

Mailing Address 929 N Astor St Unit 2101

City

Milwaukee

State

WI

Zip Code

53202-3488

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.97926

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

William O. Wolf

Mailing Address 183 Jacobini Rd

City

Cobden

State

IL

Zip Code

62920-2000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.98117

Amount of Each Receipt this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

William O. Wolf

Mailing Address 183 Jacobini Rd

City

Cobden

State

IL

Zip Code

62920-2000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1435.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.98116

Amount of Each Receipt this Period

435.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1685.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Holly Wright

Mailing Address 36638 32nd Ave S

City

Auburn

State

WA

Zip Code

98001-8842

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.98149

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Jonathan V. Wright

Mailing Address 36638 32nd Ave S

City

Auburn

State

WA

Zip Code

98001-8842

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marus Int'l Inc.

Occupation

Scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.98151

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

25702.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 83

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LIBERTARIAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Louise Calise

Mailing Address 6802 Dante Ct.

City State Zip Code  
**Springfield VA 22152-3328**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

109.91

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 1 / 2 0 / 2 0 1 0

Transaction ID: SA15.98344

Amount of Each Receipt this Period

109.91

COBRA Payment from Former  
Employee

**B.**

Full Name (Last, First, Middle Initial)  
 Postmaster

Mailing Address US Post Office Watergate  
 2500 virginia Ave NW

City State Zip Code  
**Washington DC 20037-0000**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.83

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 1 / 1 9 / 2 0 1 0

Transaction ID: SA15.98345

Amount of Each Receipt this Period

321.83

Postage Refund

**C.**

Full Name (Last, First, Middle Initial)  
 Postmaster

Mailing Address US Post Office Watergate  
 2500 virginia Ave NW

City State Zip Code  
**Washington DC 20037-0000**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.63

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 1 / 2 0 / 2 0 1 0

Transaction ID: SA15.98346

Amount of Each Receipt this Period

248.80

Postage Refund

**SUBTOTAL** of Receipts This Page (optional) .....

**680.54**

**TOTAL** This Period (last page this line number only) .....

**680.54**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Advanced Mailing Services, LLC

Mailing Address 14970 Farm Creek Drive

City Woodbridge State VA Zip Code 22191-3550

Purpose of Disbursement  
Non Candidate Party Mailing Services

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.98338

Date of Disbursement

01 / 12 / 2010

Amount of Each Disbursement this Period

561.94

**B.** Full Name (Last, First, Middle Initial)  
Advanced Mailing Services, LLC

Mailing Address 14970 Farm Creek Drive

City Woodbridge State VA Zip Code 22191-3550

Purpose of Disbursement  
Non Candidate Party Mailing Services

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.98262

Date of Disbursement

01 / 29 / 2010

Amount of Each Disbursement this Period

6829.68

**C.** Full Name (Last, First, Middle Initial)  
American National Insurance Co.

Mailing Address P. O. Box 1830 - Pension Dept.

City Galvison State TX Zip Code 77550-1830

Purpose of Disbursement  
LP 401k Co. Match and Contributions

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.98263

Date of Disbursement

01 / 20 / 2010

Amount of Each Disbursement this Period

1014.66

**SUBTOTAL** of Disbursements This Page (optional) .....

8406.28

**TOTAL** This Period (last page this line number only) .....

**B.** Form/Schedule : **SB21B** 3 ☐  
Transaction ID : **SB21B.98262**

**C.** Form/Schedule : **SB21B** 1 ☐  
Transaction ID : **SB21B.98263**

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Robert C Benedict

**Transaction ID:** SB21B.98238

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	1	0

Mailing Address 3816 S. Lamar Blvd.  
Apt. 3822

Amount of Each Disbursement this Period

City Austin State TX Zip Code 78704-0000

1546.97

Purpose of Disbursement

Employee Net Pay

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**B.**

Full Name (Last, First, Middle Initial)

Robert C Benedict

**Transaction ID:** SB21B.98239

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	0

Mailing Address 3816 S. Lamar Blvd.  
Apt. 3822

Amount of Each Disbursement this Period

City Austin State TX Zip Code 78704-0000

1546.96

Purpose of Disbursement

Employee Net Pay

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**C.**

Full Name (Last, First, Middle Initial)

BentleyForbes Watergate LLC

**Transaction ID:** SB21B.98265

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	0

Mailing Address PO Box 73378

Amount of Each Disbursement this Period

City Cleveland State OH Zip Code 44193-3378

10351.60

Purpose of Disbursement

Office Rent, Tax, Maint &amp; Utilities

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

13445.53

**TOTAL** This Period (last page this line number only) ..... ►

A. Form/Schedule : **SB21B** 1 ☐  
Transaction ID : **SB21B.98238**

B. Form/Schedule : **SB21B** 1 ☐  
Transaction ID : **SB21B.98239**

C. Form/Schedule : **SB21B**

1

Transaction ID : **SB21B.98265**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Broadway Premium Funding	<b>Transaction ID:</b> SB21B.98266 <b>Date of Disbursement</b>																				
Mailing Address PO Box 66468	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	5		2	0	1	0												
City Chicago State IL Zip Code 60666-0468	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement D and O Insurance Candidate Name	<table border="1"> <tr> <td colspan="10">815.99</td> </tr> </table>	815.99																			
815.99																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CNA Insurance	<b>Transaction ID:</b> SB21B.98268 <b>Date of Disbursement</b>																				
Mailing Address PO Box 382033	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	5		2	0	1	0												
City Pittsburgh State PA Zip Code 15250-8033	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Gen Liab Insurance Candidate Name	<table border="1"> <tr> <td colspan="10">1306.00</td> </tr> </table>	1306.00																			
1306.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) DC Office of Tax & Revenue	<b>Transaction ID:</b> SB21B.98273 <b>Date of Disbursement</b>																				
Mailing Address 941 North Capitol St, NE 6th Flr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	9		2	0	1	0												
City Washington State DC Zip Code 20002-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement DC - Admin. Funding Assessment Candidate Name	<table border="1"> <tr> <td colspan="10">18.58</td> </tr> </table>	18.58																			
18.58																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2140.57

**TOTAL** This Period (last page this line number only) .....



A. Form/Schedule : **SB21B** 1 ☐  
Transaction ID : **SB21B.98266**

B. Form/Schedule : **SB21B** 1 ☐  
Transaction ID : **SB21B.98268**

C. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.98273**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DC Office of Tax & Revenue

Mailing Address 941 North Capitol St, NE 6th Flr

City  
Washington

State  
DC

Zip Code  
20002-0000

Purpose of Disbursement  
DC - Unemployment Company

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.98274

Date of Disbursement

01 / 19 / 2010

Amount of Each Disbursement this Period

120.78

B.

Full Name (Last, First, Middle Initial)

DC Office of Tax & Revenue

Mailing Address 941 North Capitol St, NE 6th Flr

City  
Washington

State  
DC

Zip Code  
20002-0000

Purpose of Disbursement  
DC - Withholding

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.98275

Date of Disbursement

01 / 19 / 2010

Amount of Each Disbursement this Period

74.00

C.

Full Name (Last, First, Middle Initial)

De Lage Landen Financial

Mailing Address PO Box 41601

City  
Philadelphia

State  
PA

Zip Code  
19101-1601

Purpose of Disbursement  
Copier Lease

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.98276

Date of Disbursement

01 / 12 / 2010

Amount of Each Disbursement this Period

525.07

SUBTOTAL of Disbursements This Page (optional) .....

719.85

TOTAL This Period (last page this line number only) .....

A. Form/Schedule : **SB21B** 1 ☐  
Transaction ID : **SB21B.98274**

B. Form/Schedule : **SB21B** 1 ☐  
Transaction ID : **SB21B.98275**

C. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.98276**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Arthur DiBianca

Mailing Address 619 Friar Tuck Ln.

City  
Austin

State  
TX

Zip Code  
78704-5609

Purpose of Disbursement  
Administrative Support Services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.98240

Date of Disbursement

01 / 12 / 2010

Amount of Each Disbursement this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Arthur DiBianca

Mailing Address 619 Friar Tuck Ln.

City  
Austin

State  
TX

Zip Code  
78704-5609

Purpose of Disbursement  
Administrative Support Services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.98241

Date of Disbursement

01 / 25 / 2010

Amount of Each Disbursement this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Susan M Dickson

Mailing Address 3410 Vineland Place

City  
Dumfries

State  
VA

Zip Code  
22026-0000

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.98243

Date of Disbursement

01 / 06 / 2010

Amount of Each Disbursement this Period

962.85

SUBTOTAL of Disbursements This Page (optional) .....

2162.85

TOTAL This Period (last page this line number only) .....

A. Form/Schedule : **SB21B** 1 ☐  
Transaction ID : **SB21B.98240**

B. Form/Schedule : **SB21B** 1 ☐  
Transaction ID : **SB21B.98241**

C. Form/Schedule : **SB21B**

1

Transaction ID : **SB21B.98243**



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Susan M Dickson

Mailing Address 3410 Vineland Place

City State Zip Code  
Dumfries VA 22026-0000

Purpose of Disbursement

Employee Net Pay

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.98244

Date of Disbursement

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Amount of Each Disbursement this Period

990.79

B.

Full Name (Last, First, Middle Initial)

Dominick J Dunbar

Mailing Address 1229 Aquia Dr

City State Zip Code  
Stafford VA 22554-2038

Purpose of Disbursement

Employee Net Pay

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.98246

Date of Disbursement

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 0

Amount of Each Disbursement this Period

1163.87

C.

Full Name (Last, First, Middle Initial)

Dominick J Dunbar

Mailing Address 1229 Aquia Dr

City State Zip Code  
Stafford VA 22554-2038

Purpose of Disbursement

Employee Net Pay

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.98247

Date of Disbursement

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Amount of Each Disbursement this Period

872.04

SUBTOTAL of Disbursements This Page (optional) ▶

3026.70

TOTAL This Period (last page this line number only) ▶

A. Form/Schedule : **SB21B** 1 ☐  
Transaction ID : **SB21B.98244**

B. Form/Schedule : **SB21B** 1 ☐  
Transaction ID : **SB21B.98246**

C. Form/Schedule : **SB21B**

1

Transaction ID : **SB21B.98247**

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Paula Edwards

Mailing Address 1200 G Street, N.W. Suite 800

City  
WashingtonState  
DCZip Code  
20005-0000Purpose of Disbursement  
Fec Filing and Amendments

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.98248

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	1	0

Amount of Each Disbursement this Period

1250.00

**B.**

Full Name (Last, First, Middle Initial)

Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City  
St. LouisState  
MOZip Code  
63197-0030Purpose of Disbursement  
Federal Withholding

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.98278

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	5	/	2	0	1	0

Amount of Each Disbursement this Period

915.00

**C.**

Full Name (Last, First, Middle Initial)

Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City  
St. LouisState  
MOZip Code  
63197-0030Purpose of Disbursement  
Medicare Company

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.98279

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	5	/	2	0	1	0

Amount of Each Disbursement this Period

129.94

SUBTOTAL of Disbursements This Page (optional) .....

2294.94

TOTAL This Period (last page this line number only) .....

A. Form/Schedule : **SB21B** 1 ☐  
Transaction ID : **SB21B.98248**

B. Form/Schedule : **SB21B** 1 ☐  
Transaction ID : **SB21B.98278**

C. Form/Schedule : **SB21B**

1

Transaction ID : **SB21B.98279**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 47 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement  
Medicare Employee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB21B.98280

Date of Disbursement

01 / 05 / 2010

Amount of Each Disbursement this Period

129.94

**B.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement  
Social Security Company

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB21B.98281

Date of Disbursement

01 / 05 / 2010

Amount of Each Disbursement this Period

555.63

**C.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement  
Social Security Employee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB21B.98282

Date of Disbursement

01 / 05 / 2010

Amount of Each Disbursement this Period

555.63

**SUBTOTAL** of Disbursements This Page (optional) .....

1241.20

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SB21B** 1 ☐  
Transaction ID : **SB21B.98280**

B. Form/Schedule : **SB21B** 1 ☐  
Transaction ID : **SB21B.98281**



C. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.98282**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 50 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement

Federal Unemployment

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.98283

Date of Disbursement

01 / 19 / 2010

Amount of Each Disbursement this Period

74.34

**B.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement

Federal Withholding

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.98284

Date of Disbursement

01 / 19 / 2010

Amount of Each Disbursement this Period

970.00

**C.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement

Medicare Company

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.98285

Date of Disbursement

01 / 19 / 2010

Amount of Each Disbursement this Period

134.72

**SUBTOTAL** of Disbursements This Page (optional) .....

1179.06

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SB21B** 1 ☐  
Transaction ID : **SB21B.98283**

B. Form/Schedule : **SB21B** 1 ☐  
Transaction ID : **SB21B.98284**

C. Form/Schedule : **SB21B**

1

Transaction ID : **SB21B.98285**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 53 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit	<b>Transaction ID:</b> SB21B.98286 <b>Date of Disbursement</b>																				
Mailing Address PO Box 970030	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	9		2	0	1	0												
City State Zip Code St. Louis MO 63197-0030	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Medicare Employee Candidate Name	<table border="1"> <tr> <td colspan="10">134.72</td> </tr> </table>	134.72																			
134.72																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit	<b>Transaction ID:</b> SB21B.98287 <b>Date of Disbursement</b>																				
Mailing Address PO Box 970030	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	9		2	0	1	0												
City State Zip Code St. Louis MO 63197-0030	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Social Security Company Candidate Name	<table border="1"> <tr> <td colspan="10">576.02</td> </tr> </table>	576.02																			
576.02																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit	<b>Transaction ID:</b> SB21B.98288 <b>Date of Disbursement</b>																				
Mailing Address PO Box 970030	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	9		2	0	1	0												
City State Zip Code St. Louis MO 63197-0030	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Social Security Employee Candidate Name	<table border="1"> <tr> <td colspan="10">576.02</td> </tr> </table>	576.02																			
576.02																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**1286.76**

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SB21B** 1 ☐  
Transaction ID : **SB21B.98286**

B. Form/Schedule : **SB21B** 1 ☐  
Transaction ID : **SB21B.98287**

C. Form/Schedule : **SB21B**

1

Transaction ID : **SB21B.98288**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 56 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) FP Mailing Solutions	<b>Transaction ID:</b> SB21B.98290 <b>Date of Disbursement</b>																				
Mailing Address Dept 4272	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	0												
City Carol Stream State IL Zip Code 60122-4272	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Postage & Meter Resets Candidate Name	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 003																					
<b>B.</b> Full Name (Last, First, Middle Initial) Casey T Hansen	<b>Transaction ID:</b> SB21B.98250 <b>Date of Disbursement</b>																				
Mailing Address 1445 Ogden St. NW #212	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	0												
City Washington State DC Zip Code 20010-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Net Pay Candidate Name	<table border="1"> <tr> <td colspan="10">1011.79</td> </tr> </table>	1011.79																			
1011.79																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 001																					
<b>C.</b> Full Name (Last, First, Middle Initial) Casey T Hansen	<b>Transaction ID:</b> SB21B.98251 <b>Date of Disbursement</b>																				
Mailing Address 1445 Ogden St. NW #212	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	0												
City Washington State DC Zip Code 20010-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Net Pay Candidate Name	<table border="1"> <tr> <td colspan="10">1011.79</td> </tr> </table>	1011.79																			
1011.79																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 001																					

**SUBTOTAL** of Disbursements This Page (optional) .....

2523.58

**TOTAL** This Period (last page this line number only) .....



A. Form/Schedule : **SB21B** 1 ☐  
Transaction ID : **SB21B.98290**

B. Form/Schedule : **SB21B** 1 ☐  
Transaction ID : **SB21B.98250**

C. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.98251**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 59 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Kyle J Hartz</p> <p>Mailing Address 4200 Cathedral Ave NW Apt 801</p> <p>City Washington State DC Zip Code 20016-4934</p> <p>Purpose of Disbursement Employee Net Pay</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.98253</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>461.30</div> </div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Joe Ragan's</p> <p>Mailing Address PO Box 125</p> <p>City Soringfield State VA Zip Code 22150-0125</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.98294</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>507.91</div> </div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Joe Ragan's</p> <p>Mailing Address PO Box 125</p> <p>City Soringfield State VA Zip Code 22150-0125</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.98340</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>31.80</div> </div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

1001.01

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SB21B** 1 ☐  
Transaction ID : **SB21B.98253**

B. Form/Schedule : **SB21B** 1 ☐  
Transaction ID : **SB21B.98294**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 61 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Kraus	<b>Transaction ID:</b> SB21B.98254 <b>Date of Disbursement</b>																				
Mailing Address 5375 Duke St Apt 905	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	0												
City Alexandria State VA Zip Code 22304-3016	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Net Pay Candidate Name	<table border="1"> <tr> <td colspan="10">1487.89</td> </tr> </table>	1487.89																			
1487.89																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Robert Kraus	<b>Transaction ID:</b> SB21B.98255 <b>Date of Disbursement</b>																				
Mailing Address 5375 Duke St Apt 905	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	0												
City Alexandria State VA Zip Code 22304-3016	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Net Pay Candidate Name	<table border="1"> <tr> <td colspan="10">1487.88</td> </tr> </table>	1487.88																			
1487.88																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Mark Meranta	<b>Transaction ID:</b> SB21B.98256 <b>Date of Disbursement</b>																				
Mailing Address 5883 Anthony Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	0												
City Woodbridge State VA Zip Code 22193-3619	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Net Pay Candidate Name	<table border="1"> <tr> <td colspan="10">562.02</td> </tr> </table>	562.02																			
562.02																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3537.79**

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SB21B** 1 ☐  
Transaction ID : **SB21B.98254**

B. Form/Schedule : **SB21B** 1 ☐  
Transaction ID : **SB21B.98255**

C. Form/Schedule : **SB21B**

1

Transaction ID : **SB21B.98256**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 64 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Mark Meranta	<b>Transaction ID:</b> SB21B.98257 <b>Date of Disbursement</b>																				
Mailing Address 5883 Anthony Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	0												
City Woodbridge State VA Zip Code 22193-3619	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Net Pay Candidate Name	<table border="1"> <tr> <td colspan="10">721.73</td> </tr> </table>	721.73																			
721.73																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Merchant Services	<b>Transaction ID:</b> SB21B.98295 <b>Date of Disbursement</b>																				
Mailing Address 890 Mountain Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	0												
City New Providence State NJ Zip Code 07974-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<table border="1"> <tr> <td colspan="10">810.83</td> </tr> </table>	810.83																			
810.83																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) National Electronic Type, Inc	<b>Transaction ID:</b> SB21B.98341 <b>Date of Disbursement</b>																				
Mailing Address 2320 S. Kansas Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	2		2	0	1	0												
City Topeka State KS Zip Code 66611-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Non Candidate Printing Service Candidate Name	<table border="1"> <tr> <td colspan="10">450.51</td> </tr> </table>	450.51																			
450.51																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1983.07

**TOTAL** This Period (last page this line number only) .....



A. Form/Schedule : **SB21B** 1 ☐  
Transaction ID : **SB21B.98257**

B. Form/Schedule : **SB21B** 1 ☐  
Transaction ID : **SB21B.98295**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 66 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PAETEC - US LEC Corp.

Mailing Address PO Box 1317

City  
Buffalo

State  
NY

Zip Code  
14240-1317

Purpose of Disbursement  
Phone and Data Services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.98297

Date of Disbursement

01 / 29 / 2010

Amount of Each Disbursement this Period

1180.29

B.

Full Name (Last, First, Middle Initial)

PayPal Merchant Services

Mailing Address 2211 N. First St.

City  
San Jose

State  
CA

Zip Code  
95131-0000

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.98298

Date of Disbursement

01 / 31 / 2010

Amount of Each Disbursement this Period

1811.23

C.

Full Name (Last, First, Middle Initial)

Mark Pickens

Mailing Address 835 West Warner Rd #101-617

City  
Gilbert

State  
AZ

Zip Code  
85233-7269

Purpose of Disbursement  
Ballot Access Petitioning Expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.98258

Date of Disbursement

01 / 26 / 2010

Amount of Each Disbursement this Period

420.00

SUBTOTAL of Disbursements This Page (optional) .....

3411.52

TOTAL This Period (last page this line number only) .....

A. Form/Schedule : **SB21B**

Transaction ID : **SB21B.98297**

1

B. Form/Schedule : **SB21B**

Transaction ID : **SB21B.98298**

1

C. Form/Schedule : **SB21B**

1

Transaction ID : **SB21B.98258**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 69 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Mark Pickens	<b>Transaction ID:</b> SB21B.98259 <b>Date of Disbursement</b>																				
Mailing Address 835 West Warner Rd #101-617	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	1	0												
City Gilbert State AZ Zip Code 85233-7269	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Ballot Access Petitioning Expense Candidate Name	<table border="1"> <tr> <td colspan="10">520.00</td> </tr> </table>	520.00																			
520.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) PNC Master Card	<b>Transaction ID:</b> SB21B.98300 <b>Date of Disbursement</b>																				
Mailing Address PO Box 790350	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	1	0												
City St. Louis State MO Zip Code 63179-0350	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Credit Card Payment (See Attached Memos) Candidate Name	<table border="1"> <tr> <td colspan="10">5379.11</td> </tr> </table>	5379.11																			
5379.11																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Accurant	<b>Transaction ID:</b> SB21B.98300.0 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 538358	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	1	0												
City Atlanta State GA Zip Code 30353-8358	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Address and Phone Verification Services Candidate Name	<table border="1"> <tr> <td colspan="10">77.38</td> </tr> </table>	77.38																			
77.38																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5899.11

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SB21B** 1 ☐  
Transaction ID : **SB21B.98259**

B. Form/Schedule : **SB21B** 1 ☐  
Transaction ID : **SB21B.98300**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 71 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Amazon.com

Mailing Address 1200 12th Avenue South #1200

City State Zip Code  
Seattle WA 98144-2734

Purpose of Disbursement  
Office Supplies

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.98300.1

Date of Disbursement

01 / 29 / 2010

Amount of Each Disbursement this Period

104.78

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

GoToMyPC.com

Mailing Address 5385 Hollister Ave #111

City State Zip Code  
Santa barbara CA 93111-0000

Purpose of Disbursement  
PC Remote Access Service

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.98300.2

Date of Disbursement

01 / 29 / 2010

Amount of Each Disbursement this Period

44.94

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Lyrus Tech - Sparklist

Mailing Address PO Box 49023

City State Zip Code  
San Jose CA 95161-9023

Purpose of Disbursement  
Email Marketing Services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.98300.3

Date of Disbursement

01 / 29 / 2010

Amount of Each Disbursement this Period

3000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 72 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PMR Assc. Ltd.

Mailing Address 5709 Granby Road

City State Zip Code  
Rockville MD 20855-1420Purpose of Disbursement  
Computer Repair and Maintenance

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.98300.4

Date of Disbursement

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 1 0

Amount of Each Disbursement this Period

875.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Rackspace US Inc.

Mailing Address 9725 Datapoint Dr. #100

City State Zip Code  
San Antonio TX 78229-0000Purpose of Disbursement  
Website Hosting Service

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.98300.5

Date of Disbursement

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 1 0

Amount of Each Disbursement this Period

649.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

The Green Turtle, Inc.

Mailing Address 601 F Street Northwest

City State Zip Code  
Washington DC 20004-1605Purpose of Disbursement  
Staff Food and Beverage

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.98300.6

Date of Disbursement

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 1 0

Amount of Each Disbursement this Period

54.01

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 73 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) ThePlanet.com	<b>Transaction ID:</b> SB21B.98300.7 <b>Date of Disbursement</b>																				
Mailing Address 1333 N. Stemmons Fwy #110	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	1	0												
City Dallas State TX Zip Code 75207-3724	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Email Server Hosting Expense Candidate Name	<table border="1"> <tr> <td colspan="10">574.00</td> </tr> </table>	574.00																			
574.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>																				
<b>B.</b> Full Name (Last, First, Middle Initial) Postmaster	<b>Transaction ID:</b> SB21B.98311 <b>Date of Disbursement</b>																				
Mailing Address US Post Office Watergate 2500 virginia Ave NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	9		2	0	1	0												
City Washington State DC Zip Code 20037-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Postage Candidate Name	<table border="1"> <tr> <td colspan="10">959.00</td> </tr> </table>	959.00																			
959.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) Postmaster	<b>Transaction ID:</b> SB21B.98312 <b>Date of Disbursement</b>																				
Mailing Address US Post Office Watergate 2500 virginia Ave NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	1		2	0	1	0												
City Washington State DC Zip Code 20037-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Postage Candidate Name	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

1459.00

**TOTAL** This Period (last page this line number only) .....

**B.** Form/Schedule : **SB21B** 1 ☐  
Transaction ID : **SB21B.98311**

**C.** Form/Schedule : **SB21B** 1 ☐  
Transaction ID : **SB21B.98312**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 75 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

QuickBooks Payroll Service

Mailing Address PO Box 30015

City  
Reno

State  
NV

Zip Code  
89520-3015

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.98314

Date of Disbursement

01 / 05 / 2010

Amount of Each Disbursement this Period

103.90

B.

Full Name (Last, First, Middle Initial)

QuickBooks Payroll Service

Mailing Address PO Box 30015

City  
Reno

State  
NV

Zip Code  
89520-3015

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.98315

Date of Disbursement

01 / 19 / 2010

Amount of Each Disbursement this Period

20.36

C.

Full Name (Last, First, Middle Initial)

Gary Sinawski

Mailing Address 180 Montage St. 25th Floor

City  
Brooklyn

State  
NY

Zip Code  
11201-3623

Purpose of Disbursement  
LP Legal Expenses

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.98260

Date of Disbursement

01 / 12 / 2010

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional) .....

3124.26

TOTAL This Period (last page this line number only) .....

A. Form/Schedule : **SB21B** 1 ☐  
Transaction ID : **SB21B.98314**

B. Form/Schedule : **SB21B** 1 ☐  
Transaction ID : **SB21B.98315**

C. Form/Schedule : **SB21B**

1

Transaction ID : **SB21B.98260**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 78 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Terra Eclipse, Inc. Mailing Address 9043 Soquel Dr.	<b>Transaction ID:</b> SB21B.98317 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	2		2	0	1	0		
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		1	2		2	0	1	0														
City Aptos State CA Zip Code 95003-0000 Purpose of Disbursement LP.org Website Management Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>2200.00</td> </tr> </table> <table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	2200.00	001																				
2200.00																							
001																							
<b>B.</b> Full Name (Last, First, Middle Initial) Ticketmaster Mailing Address 1601 Elm St., Ste. 700 City Dallas State TX Zip Code 75201-0000 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.98318 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>295.44</td> </tr> </table> <table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	0	295.44	001
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		3	1		2	0	1	0														
295.44																							
001																							
<b>C.</b> Full Name (Last, First, Middle Initial) UnitedHealth Mamsi-(WFG) Mailing Address Dept. CH-10151 City Palatine State IL Zip Code 60055-0151 Purpose of Disbursement Employee Health Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.98319 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>751.28</td> </tr> </table> <table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	5		2	0	1	0	751.28	001
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		2	5		2	0	1	0														
751.28																							
001																							

**SUBTOTAL** of Disbursements This Page (optional) .....

**3246.72**

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SB21B** 1 ☐  
Transaction ID : **SB21B.98317**

B. Form/Schedule : **SB21B** 1 ☐  
Transaction ID : **SB21B.98318**

C. Form/Schedule : **SB21B**

1

Transaction ID : **SB21B.98319**



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 81 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Virginia Dept. of Taxation

Mailing Address PO Box 26644

City  
Richmond

State  
VA

Zip Code  
23261-6644

Purpose of Disbursement  
VA - Withholding

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.98320

Date of Disbursement

01 / 05 / 2010

Amount of Each Disbursement this Period

231.00

B.

Full Name (Last, First, Middle Initial)

Virginia Dept. of Taxation

Mailing Address PO Box 26644

City  
Richmond

State  
VA

Zip Code  
23261-6644

Purpose of Disbursement  
VA - Withholding

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.98321

Date of Disbursement

01 / 19 / 2010

Amount of Each Disbursement this Period

228.00

SUBTOTAL of Disbursements This Page (optional) .....

459.00

TOTAL This Period (last page this line number only) .....

62548.80

A. Form/Schedule : **SB21B** 1 ☐  
Transaction ID : **SB21B.98320**

B. Form/Schedule : **SB21B** 1 ☐  
Transaction ID : **SB21B.98321**

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 83 / 83

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Advanced Mailing Services, LLCNature of Debt (Purpose):  
Non Candidate Party Mail-  
ing Service

Mailing Address 14970 Farm Creek Drive

City State ZIP Code  
Woodbridge VA 22191-3550

Outstanding Balance Beginning This Period

561.94

Transaction ID: SD10.93958

Amount Incurred This Period

0.00

Payment This Period

561.94

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Joe Ragan'sNature of Debt (Purpose):  
Office Supplies

Mailing Address PO Box 125

City State ZIP Code  
Springfield VA 22150-0125

Outstanding Balance Beginning This Period

31.80

Transaction ID: SD10.93959

Amount Incurred This Period

0.00

Payment This Period

31.80

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
National Electronic Type, IncNature of Debt (Purpose):  
Non Candidate Printing Se-  
rvice

Mailing Address 2320 S. Kansas Ave

City State ZIP Code  
Topeka KS 66611-0000

Outstanding Balance Beginning This Period

450.51

Transaction ID: SD10.93960

Amount Incurred This Period

0.00

Payment This Period

450.51

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

2) **TOTALS** This Period (last page this line number only).....

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

0.00